

PTO/SB/01A (10-01)
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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

| Title of Invention | FLAME RETARDANT SURFACE COVERINGS | | | | | | |
|---|--|--|--|--|--|--|--|
| As the below named inventor(s), I/we declare that: | | | | | | | |
| This declaration is | directed to: | | | | | | |
| | ☐ The attached application, or Application No, filed on February 19, 2004 | | | | | | |
| | as amended on(if applicable); | | | | | | |
| I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought; | | | | | | | |
| B | ed and understand the contents of the above-identified application, including the claims, as imendment specifically referred to above; | | | | | | |
| I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application. | | | | | | | |
| All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon. | | | | | | | |
| FULL NAME OF I | NVENTOR(S) | | | | | | |
| Inventor one: | KARLHEINZ HAUSMANN | | | | | | |
| Signature: | Collier Housesucce Citizen of: DE | | | | | | |
| Inventor two: | ROBERT V. KASOWSKI | | | | | | |
| Signature: | Oberi Kascush Citizen of: US | | | | | | |
| Inventor three: | | | | | | | |
| Signature: | Citizen of: | | | | | | |
| Inventor four: | | | | | | | |
| Signature: | Citizen of: | | | | | | |
| ☐ Additional invent | ors are being named onadditional form(s) attached hereto. | | | | | | |

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/81 (09-03)
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POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

| Application Number | |
|----------------------------|----------------------------|
| Filing Date | February 19, 2004 |
| First Named Inventor | Karlheinz Hausmann Et. Al. |
| FLAME RETAR | RDANT SURFACE COVERINGS |
| Art Unit | Examiner Name |
| Attorney Docket Num | ber CL2018USNA |

| I hereby appoint: | | | | | | | |
|--|------------------------------------|---------------------|---|--|--|--|--|
| ✓ Practitioners at Customer Number: | 23906 | | | | | | |
| OR | | | | | | | |
| Practitioner(s) named below: | | | | | | | |
| Name | | | Registration Number | | | | |
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| as my/our attorney(s) or agent(s) to prosect Trademark Office connected therewith. | ite the application identified abo | ve, and to trans | sact all business in the United States Patent and | | | | |
| Please recognize or change the correspond | ence address for the above-ider | ntified application | on to: | | | | |
| The above-mentioned Customer N | | •• | | | | | |
| OR | | | | | | | |
| | | | | | | | |
| The address associated with Cus | tomer Number: | | | | | | |
| OR | | | | | | | |
| Firm or Individual Name | | | | | | | |
| Address | | | | | | | |
| Address | | | | | | | |
| City | | State | Zip | | | | |
| Country | | Fax T | | | | | |
| Telephone I am the: | | Fax | | | | | |
| Applicant/Inventor. | | | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | |
| Name Karlheinz Hausmann | | | | | | | |
| | quem | | | | | | |
| Date 1 2004 | | | Telephone | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | |
| *Total of forms are submitted. | | | | | | | |

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POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

| Appl | ication Number | | |
|--------|----------------|----------------------------|--|
| Filing | g Date | February 19, 2004 | |
| First | Named Inventor | Karlheinz Hausmann Et. Al. | |
| | FLAME RETAI | RDANT SURFACE COVERINGS | |
| Title | | | |
| Art U | nit | Examiner Name | |
| Attor | ney Docket Num | ber CL2018USNA | |

| I hereby appoint: | | | | | | | |
|---|---------------------------------|---------------------|--------------------------------|--------------------|--|--|--|
| Practitioners at Customer Number: | 2390 | 6 | | | | | |
| OR L | | | | | | | |
| Practitioner(s) named below: | | | | | | | |
| Name | Name Registration Number | | | | | | |
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| (-) | to the continue identified | shave and to trans | act all business in the United | States Patent and | | | |
| as my/our attorney(s) or agent(s) to prosecut Trademark Office connected therewith. | te the application identified a | above, and to trans | act all business in the Office | States Faterit and | | | |
| Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number: | | | | | | | |
| OR | | | | | | | |
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| The address associated with Custo | omer Number: | | | | | | |
| OR | | | | | | | |
| Firm or Individual Name | | | | | | | |
| Address | | | | * | | | |
| Address | | | | | | | |
| City | | State | Zip | | | | |
| Country | | T Fav. T | | | | | |
| Telephone | | Fax | | | | | |
| I am the: Applicant/Inventor. | | | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | |
| Name Robert V. Kasowski | | | | | | | |
| Signature Robert 11: Kan | oud | | | | | | |
| Date 24-8-04 | | | Telephone | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | |
| *Total offorms are submitted. | | | | | | | |

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